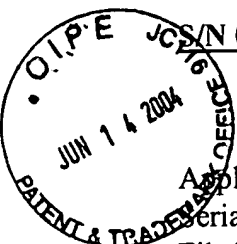


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JCS/N 09/879,665

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Douglas R. Daum	Examiner:	Frances P. Oropeza
Serial No.:	09/879,665	Group Art Unit:	3762
Filed:	June 12, 2001	Docket:	279.358US1
Title:	CARDIAC RHYTHM MANAGEMENT SYSTEM ADJUSTING RATE RESPONSE FACTOR FOR TREATING HYPOTENSION		

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
MS: Amendment
P.O. Box 1450
Alexandria, VA 22313-1450

In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with 37 C.F.R. §§ 1.97 *et. seq.*, the enclosed materials are brought to the attention of the Examiner for consideration in connection with the above-identified patent application. Applicant respectfully requests that this Supplemental Information Disclosure Statement be entered and the documents listed on the attached Form 1449 be considered by the Examiner and made of record. Pursuant to the provisions of MPEP 609, Applicant requests that a copy of the 1449 form, initialed as being considered by the Examiner, be returned to the Applicant with the next official communication.

Pursuant to 37 C.F.R. §1.97(c)(2), Applicants have included the fee of \$180.00 as set forth in 37 C.F.R. §1.17(p). Please charge any additional fees or credit any overpayment to Deposit Account No. 19-0743.

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JUN 21 2004
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SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Serial No :09/879,665

Filing Date: June 12, 2001

Title: CARDIAC RHYTHM MANAGEMENT SYSTEM ADJUSTING RATE RESPONSE FACTOR FOR TREATING HYPOTENSION

Page 2

Dkt: 279.358US1

The Examiner is invited to contact the Applicant's Representative at the below-listed telephone number if there are any questions regarding this communication.

Respectfully submitted,

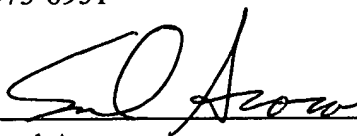
DOUGLAS R. DAUM

By his Representatives,

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.
P.O. Box 2938
Minneapolis, MN 55402
(612) 373-6951

Date June 10, 2004

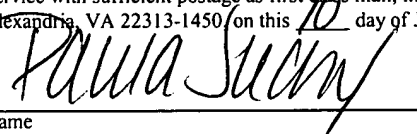
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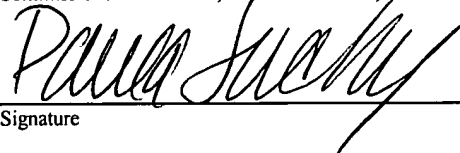


Suneel Arora

Reg. No. 42,267

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: Commissioner for Patents, MS: Amendment, P.O. Box 1450, Alexandria, VA 22313-1450, on this 10 day of June, 2004.


Name


Signature



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Complete if Known

Application Number	09/879,665
Filing Date	June 12, 2001
First Named Inventor	Daum, Douglas
Group Art Unit	3762
Examiner Name	Oropeza, Frances

Sheet 1 of 1

Attorney Docket No: 279.358US1

US PATENT DOCUMENTS

Examiner Initial *	USP Document Number	Publication Date	Name of Patentee or Applicant of cited Document	Class	Subclass	Filing Date If Appropriate
	US-2002/0147475 A1	10/10/2002	Scheiner, Avram, et al.	607	17	04/10/2001
	US-2003/0023279 A1	01/30/2003	Spinelli, Julio C., et al.	607	9	07/27/2001
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	US-5,284,136	02/08/1994	Hauck, John A., et al.	607	24	05/13/1991
	US-6,026,324	02/15/2000	Carlson, Gerrard M.	607	27	10/13/1998

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Foreign Document No	Publication Date	Name of Patentee or Applicant of cited Document	Class	Subclass	T ²
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OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
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EXAMINER

DATE CONSIDERED

Substitute Disclosure Statement Form (PTO-1449)

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional) ² Applicant is to place a check mark here if English language Translation is attached